





# DBSD SATELLITE SERVICES, GP

LIFE AND AD&D PROVIDED BY UNUM		
BENEFIT	2x salary up to \$500,000	
GUARANTEED ISSUE AMOUNT	\$200,000 <i>Evidence of insurability is required for coverage in excess of the guaranteed issue amount.</i>	
BENEFIT REDUCTION SCHEDULE	65% at age 65 50% at age 70	

MEDICAL PROVIDED BY AETNA		
The <b>AETNA VA PPO 1.3</b> allows you to receive care from any licensed physician. You will receive a higher level of benefit when you utilize a physician who is contracted with the Aetna PPO network. However, you will receive a lower but still reasonable level of benefit from any other physician outside of the network.		
MEDICAL BENEFITS	VA PPO 1.3	
DEDUCTIBLE	<u>Preferred</u> : None; <u>Non-Preferred</u> : \$500 per person; \$1,000 per family	
COINSURANCE	<u>Preferred</u> : 100% of negotiated rate; <u>Non-Preferred</u> : 70% of recognized charges after deductible	
OUT-OF-POCKET MAXIMUM	<u>Preferred</u> : \$1,000 per person; \$2,000 per family; <u>Non-Preferred</u> : \$3,500 per person; \$7,000 per family	
OFFICE VISITS	<u>Preferred</u> : \$10 copay ( <i>\$20 copay for specialist</i> ); <u>Non-Preferred</u> : 70% of recognized charges after deductible	
OUTPATIENT LAB AND X-RAY	<u>Preferred</u> : 100% for lab services, \$20 copay for x-rays; <u>Non-Preferred</u> : 70% of recognized charges after deductible	
PRESCRIPTIONS	\$10 generic formulary \$25 brand formulary \$50 non-formulary <b>Mail Order</b> : (90-day supply) \$20 generic formulary \$50 brand formulary \$100 non-formulary A \$3,000 per member (\$6,000 per family) per calendar year out-of-pocket maximum applies.	
INPATIENT HOSPITAL SERVICES	<u>Preferred</u> : \$250 copay per admission; <u>Non-Preferred</u> : 70% of recognized charges after deductible	
OUTPATIENT SURGERY	<u>Preferred</u> : \$150 copay per surgery; <u>Non-Preferred</u> : 70% of recognized charges after deductible	
EMERGENCY ROOM	\$150 copay (waived if admitted)	
LIFETIME MAXIMUM	<u>Preferred</u> : Unlimited; <u>Non-Preferred</u> : \$2,000,000	

DENTAL PROVIDED BY METLIFE	
The <b>PPO PLAN</b> allows you to receive dental services from any licensed dentist with increased benefits when utilizing a MetLife PPO Dentist.	
DENTAL BENEFITS	PPO
DEDUCTIBLE	\$50 per person \$150 per family
PREVENTIVE SERVICES (CLEANINGS, EXAMS, X-RAYS)	<u>Preferred</u> : 100% of negotiated rate, deductible waived; <u>Non-Preferred</u> : 100% of reasonable and customary, deductible waived
BASIC SERVICES (FILLINGS, EXTRACTIONS)	<u>Preferred</u> : 90% of negotiated rate after deductible; <u>Non-Preferred</u> : 80% of reasonable and customary after deductible <i>Includes endodontics and periodontics.</i>
MAJOR SERVICES (DENTURES, BRIDGES, CROWNS)	<u>Preferred</u> : 60% of negotiated rate after deductible; <u>Non-Preferred</u> : 50% of reasonable and customary after deductible
ORTHODONTIC SERVICES	60% up to a \$1,000 lifetime maximum
ANNUAL MAXIMUM	\$2,000

SHORT TERM AND LONG TERM DISABILITY PROVIDED BY UNUM	
DBSD provides Short Term and Long Term Disability coverage at no cost to you. If you are disabled by either accident or sickness for 14 days, then you may be eligible for STD benefits. The STD benefit provides 60% of your weekly earnings up to \$2,885 per week up to 24 weeks. If you continue to be disabled past 24 weeks, you may be eligible for LTD benefits. The LTD plan has a 180 day elimination period which is satisfied once you have exhausted your STD benefits. The LTD benefit is 60% of your monthly earnings up to a maximum of \$12,500 per month.	

VISION PROVIDED BY VISION SERVICE PLAN				
VISION BENEFITS	FREQUENCY	IN NETWORK	OUT OF NETWORK	
COPAY	N/A	\$10 for eye exam \$25 for materials	N/A	
EXAMINATION	Once every 12 months	Covered 100% after copay	Up to a \$34 allowance	
LENSES	Once every 12 months	Covered 100% after copay	<u>Single vision</u> : Up to a \$17 allowance <u>Bifocal</u> : Up to a \$30 allowance <u>Trifocal</u> : Up to an \$43 allowance	
FRAMES	Once every 12 months	Up to a \$130 retail frame allowance, then 20% off the remaining balance	Up to a \$38.25 allowance	
ELECTIVE CONTACT LENSES	Once every 12 months in lieu of lenses and frame benefit	Up to a \$130 allowance	Up to a \$100 allowance	

Important Contact Information	
AETNA	<a href="http://www.aetna.com">www.aetna.com</a> (888) 802-3862
METLIFE	<a href="http://www.metlife.com">www.metlife.com</a> (800) 942-0854
UNUM	<a href="http://www.unum.com">www.unum.com</a> (800) 421-0344
VSP	<a href="http://www.vsp.com">www.vsp.com</a> 800-877-7195



*This is merely a brief outline of benefits and does not constitute a contract or policy. Please refer to your plan certificate booklet for complete details and provisions.*

PLAN ARRANGED BY

Wells Fargo Insurance Services



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## EMPLOYEE BENEFITS EFFECTIVE 2009